

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number

10/533480

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	47 minus 20 = *	27
INDEPENDENT CLAIMS	7 minus 3 = *	4
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE	<input checked="" type="checkbox"/>	OR	OTHER THAN SMALL ENTITY
RATE	Fee		Rate
BASIC FEE	150	OR	BASIC FEE
EXAM. FEE	100	OR	EXAM. FEE
SEARCH FEE	200	OR	SEARCH FEE
X \$ 125 =	—	OR	X \$ 250 =
X \$ 25 =	675	OR	X \$ 50 =
X \$ 100 =	400	OR	X \$ 200 =
+ \$ 180 =		OR	+ \$ 360 =
TOTAL		OR	TOTAL

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE	RATE
X \$ 25 =		X \$ 50 =
X \$ 100 =		X \$ 200 =
+ \$ 180 =		+ \$ 360 =
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE	RATE
X \$ 25 =		X \$ 50 =
X \$ 100 =		X \$ 200 =
+ \$ 180 =		+ \$ 360 =
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE

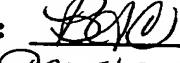
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request:	9-16-05	2 Serial/Patent #	10/533480
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
	7 TOTAL AMOUNT OF REFUND	\$ 50.00	
8 TO BE REFUNDED BY:			
10 REASON:	<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):		
	<input type="checkbox"/> Credit Deposit A/C #: 9 50--0220		
11 REFUND REQUESTED BY:	TYPED/PRINTED NAME: Barbara Campbell TITLE: _____ SIGNATURE:  PHONE: _____ OFFICE: PCT/DO/EO		
Repln. Ref: 09/19/2005 BCAMPBEL 0021192900 FC: 9204 \$50.00 CR			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED: _____	DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: